

# State of Washington Application for a Water Right

For Ecology Use
Fee Paid
Date

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORG					
Name Kristy Mabrey	Home Tel:(340) 4/7-0/38				
Mailing Address 392 Leighland av	Work Tel:(360) 457 - 6456				
City Port Angeles State Wa Zip+4983	Home Tel:(300) 417-0128  Work Tel:(300) 457 - 6456  302 + 9339 FAX:(				
Section 2. CONTACT - PERSON TO CAI					
Name	Home Tel:()				
Mailing Address	Work Tel:(				
Mailing AddressStateZip+4	+FAX:()				
Relationship to applicant					
Section 3. STATEMENT OF INTENT					
Check if the water use is proposed for a short-term needed:  From/ to/  Section 4. WATER SOURCE	project. Indicate the period of time that the water will				
If SURFACE WATER	If GROUNDWATER				
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Lees Creek	A permit is desired for well(s).				
Number of diversions:					
Source flows into (name of body of water):	Size & depth of well(s):				
LOCATION					
Enter the north-south and east-west distances in feet nearest section corner:	from the point of diversion or withdrawal to the				

C.	Do you already have any water rights or claims PROVIDE DOCUMENTATION.	associated with this property or system?	□ YES 🔯 NO
	tion 6. DOMESTIC / PUBLIC WAT impleted for all domestic/public supply		MATION
A.	Number of "connections" requested:	Type of connection	
B.	Are you within the area of an approved water so If yes, explain why you are unable to connect to your County Health Department.	ystem?  O the system. Note: Regional water system.	$\square$ YES $\square$ NO
Com	plete C. and D. only if the proposed wa	nter system will have fifteen or mo	re connections.
C.	Do you have a current water system plan approved Washington State Department of Health? If yes, when was it approved?		☐ YES ☐ NO on of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved?	Please attach the current approved version	☐ YES ☐ NO on of your plan.
A. B.	UseAcres_		
C.	Total number of acres to be covered by this app	olication: _056_	
D.	Family Farm Act (Initiative Measure Number 5 Add up the acreage in which you have a control  ‡ Acreage irrigated under water rights a  ‡ Acreage proposed to be irrigated under  ‡ Acreage proposed to be irrigated under	lling interest, including only: acquired after December 8, 1977; er this application;	
	<ol> <li>Is the combined acreage greater than 20</li> <li>Do you have a controlling interest in a lift yes, enter permit no:</li> </ol>		□ YES ⋈ NO □ YES ⋈ NO
E.	Farm uses: Stockwater - Total # of animals # Non-milking	Animal type <u>deer</u> + small chicken (If dairy can	yard (9 now) tle, see below)
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#### Section 8. WATER STORAGE

Will you be t	using a dam,	dike, or	other	structure to	o retain	or	store v	water?
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□ YES 💥 NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

## Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

HWY. 101 EAST TO LEIGHLAND AU. TURN SOUTH TOWARD MOUNTAINS. DRIVE APPROX, & BLOCKS. ON RIGHT (WEST) SIDE OF LEIGHLAND AV.

# Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

### Section 11. PROPERTY OWNERSHIP

Α.	If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of	ES □ NO
	owner(s):	

B. Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:

YES - NO

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Applicant (or authorized representative)

3-11-97

Date

We are returning your application for the following reason(	(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested above (date).	and return your o	application by
Ecology staff	Date	

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).